

222335

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Reinstate Class C Taxi Certificate

Carlton W. Simpson

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 166 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Carlton Simpson

Telephone:

(843) 364-7712

Address:

* 1335 Coosaw DR
Charleston SC 29407

Fax:

(843) 766-3342

Other:

Email: X SimpScw@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 3-4-10

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 3001
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 10-14-09 because I failed to
 (DATE)
submit a 2008 Annual Report

☒ I am seeking reinstatement because I was operating under A loss
and did not realize that I had to file A Annual Report

Carlton W. Simpson DBA N/A
 (Name of Company) (if applicable)

1335 Coosaw Dr
 (Street Address) (Mailing Address if different from Street Address)

Charleston SC 29407
 (City, State, Zip Code) (Signature)

843-364-7712
 (Telephone Number) (Title) Owner, President, etc.

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY
OF

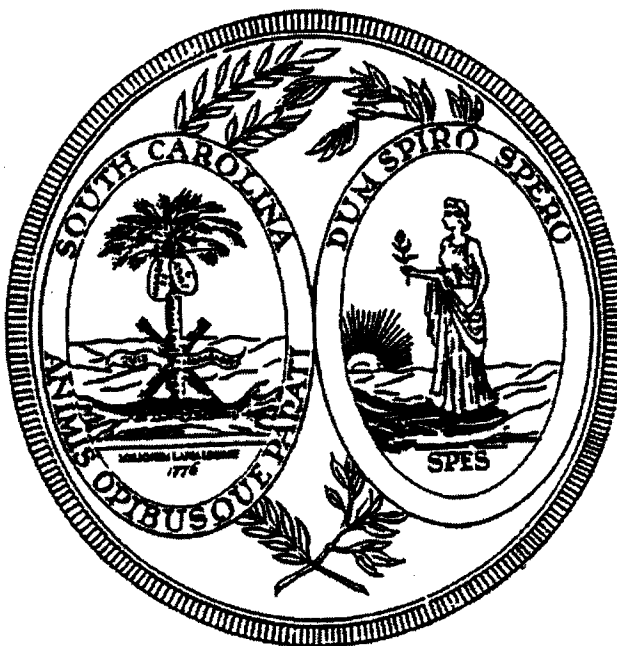
Carlton W. Simpson

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2008

☐ Calendar Year Ending December 31, 2008
or
☐ Fiscal Year Ending _____



STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

CARRIER NAME Carlton Simpson
STREET ADDRESS 1335 Coosau Dr
CITY, STATE, ZIP CODE Charleston SC 29407
MAILING ADDRESS 1335 Coosau Dr
CITY, STATE, ZIP CODE Charleston SC 29407
TELEPHONE NUMBER (AREA CODE) (843) 364-7712
FEDERAL IDENTIFICATION NUMBER _____

Operating Revenues:

1. Total Revenues \$ _____

Operating Expenses:

2. Salaries and Wages \$ 0 (Money paid to employees)

3. Rent \$ _____ (vehicles, office)

4. Other \$ _____ (expenses that are not included in the other categories)

5. Total Expenses \$ _____

6. Net Operating Income (Loss) \$ _____ (line #1 minus line #5)

7. Insurance Co. Name/Policy No. Commercial Insurance Services/SAU000035
No. of Vehicles Insured: 2 SAU000035!

8. Decal Fees Paid YES (✓) No () No. of Vehicles 2
(through June of Current Year)

Affidavit

State of South Carolina

County of Charleston

I, Carlton Simpson of the

Carlton Simpson Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Carlton Simpson
3/3/10

Signature

Date

Company Officers

Title of Officer	Name of Person Holding Office
President	Carlton Simpson
Vice-President	N/A
Secretary	N/A
Treasurer	N/A
Gen. Manager or Supt.	N/A

Contact Information (If different from above)

Contact Name:	Carlton Simpson		
Title:	President / Owner		
Street Address:	1335 Coosaw Dr		
City:	Charleston	State:	SC
		Zip:	29407
Telephone Number:	843 364-7712	E-mail:	simscoaw@hotmail.com